

Gardner Parks and Recreation Registration Form					
Parent's Name:	Phone:	Work:			
Participant's Name:	DOB:	Gender:			
Jersey Size:YS (6-8)YM (10-12)	YL (14-16)	I (22-24)AL (26-28)AXL (30-32)			
Program:3rd and 4th Grade (Co-ed)	5th and 6th Grade (Co-ed)	Grade in School:			
Address:	City:	State:Zip:			
Credit Card Type:(circle one): Visa Mastercard	Credit Card Number:	Exp. Date:			
Email:		ia email regarding upcoming programs and special events.			
For information regarding our privacy policy in terms of use visit www.gardnerkansas.gov.					

**Note:** Please keep a record of the dates and times of the programs you have enrolled in; confirmations are not sent. Enrollment may also be completed online at www.gardnerkansas.gov or at City Hall, 120 E. Main Street, Gardner, KS.

## Return completed with check or money order, payable to: Gardner Parks and Recreation

LIABILITY RELEASE.I, as a participant or legal guardian representing a minor participant agree to release the City of Gardner, its officers, employees and volunteers, from an and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in/and our presence at the above activity(s). I/we understand the risks and possible dangers of participating in these activity(s). Also, I/we authorize the Gardner Parks and Recreation Department to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have entered into this agreement of my own free will.



120 E. Main Street Gardner, KS 66030 (913) 856-0936 www.gardnerkansas.gov

I have read a	nd understand the liability release and refund policy;
	Registration invalid without signature.

Signature:\_\_\_\_\_Date:\_\_\_\_



## **Volunteer Coach Application Head Coaches ONLY**

Application Deadline: August 31, 2007

## Youth Volleyball Program

lame	Home Phone	Work Phone_	
ddress	011	0.1	
Street	City	State	Zip
o you have children registered your answer is yes, please list yo	,	ım? Ye	s No_
lave you previously coached a your answer is yes, when was th ype the team and age group la	ne last year you coached?	Ye	s No
lave you ever received training he National Youth Sports Coach		Ye	s No_
lave you received any other typ your answer is yes, please desc		he last three years? Ye	s No_
·	. •		
3rd and 4th Grade (	Co-ed)		
5th and 6th Grade (	Co-ed)		
	you wish to coach for: Co-ed)		

known to be convicted of a crime against a minor cannot participate as a volunteer in any youth program or event offered by the City of Gardner.

"Office Use Only"					
Received By:	Date Received:	Time Received:	_		